FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000083774

Principal Place of Business	
3814 BIMINI BLVD.	

Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90046 032 ***150.00

TAFT RE	ALTY CORP.								
Principal Place	e of Business	Mailing Address							
3814 BIMINI BLVD. COOPER CITY FL 33026 COOPER CITY FL 33026			DO NOT WRITE IN THIS SPACE						
						3. Date Incorporated or Qualifed			
						11/01/1995 4. FEI Number		T Apr	lied For
2. Principal Pl	lace of Business	2a. Mailing Address				65-0631487			Applicable
21		26				0070031407		\$8.75 A	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Fee Red	quired
City & State	е	City & State			-	Election Campaign Financing Trust Fund Contribution		- \$5.00-1 Added to	
23	Country		Cou	intry		8. This corporation owes the cur	rent vear Intar	ngible	
Zip		29	30	•		Personal Property Tax.	1		□No
24	9. Name and Address of Curre		1001	Γ		10. Name and Address of New	Registered A	gent	
D00				81	Name				
BORNSTEIN, STEVEN L 9900 STIRLING ROAD #233 COOPER CITY FL 33024				82	Street Addre	ess (P.O. Box Number is Not Accept	able)		67 20.63
			83		Section 1				
			84	City		El	85 Zip C	ode	
SIGNATURE		ent and title if applicable. (NOT NOT DIRECTORS	13.		signature required	when reinstating) ADDITIONS/CHANGES TO O	FICERS AND	DIRECTO	RS IN 12
TITLE	PSTD								-
NAME	MARKOWITZ, STEPHEN		1.2 N						Ì
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	COOPER CITY FL 33026	☐ DELETE	1,4 C 2,1 Ti	ITY-ST	- ZIP			Change	Addition
TITLE			· · 2.1 II					-, · .	
NAME					ADDRESS				
STREET ADDRESS				CITY-SI				*	
CITY-ST-ZIP		□ DELETE	3.1 T		1-21			Change	☐ Addition
TITLE .			3.2 N					, .	
NAME	, .		3.3 S	TREET	ADDRESS	• .			
STREET ADDRESS			3.4. 0	CITY-ST	T-ZIP	<u></u>	<u> </u>		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 T	TILE			1.	: Change	Addition
NAME			4.21	NAME		•			
STREET ADDRESS	s		4.3 S	TREET	ADDRESS				
CITY-ST-ZIP			4.4 C	CITY-ST	T-ZIP				
TITLE		☐ DELETE	5.1 T			*		☐ Change	Addition
NAME				NAME		•			
STREET ADDRESS					ADDRESS				i
CITY-ST-ZIP			5.4 C	CITY-ST	T- ZIP				
TITLE		·	2.7.2				-	Change	☐ Addition
		☐ OELETE	6.1 1	ITLE		·		Change	Addition
NAME		☐ OELETE	6.2 N	TITLE NAME	T ADDRESS			☐ Change	Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on ap attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: